



City of Nashua
Planning Department
229 Main Street
Nashua, New Hampshire 03061-2019

Planning & Zoning 589-3090
Fax 589-3119
WEB www.gonashua.com

APPLICATION FOR PLANNING BOARD ACTION (NCPB)

Check Appropriate Box:

Zoning District _____

- ☐ Site Plan Amendment
☐ Site Plan
☐ Conditional Use Permit

- ☐ Final Subdivision Plan
☐ Preliminary Subdivision Plan

- ☐ Lot Line Relocation
☐ Consolidation Plan
☐ Special Use Permit

I / We, the undersigned, are the owner(s) of real estate at _____
in the City of Nashua, listed as Lot(s) No. _____ on Assessor's Sheet(s) _____
propose the following: _____

- | | |
|---|--------------|
| <input type="checkbox"/> Pennichuck Water Works Approval | (Date) _____ |
| <input type="checkbox"/> City Engineer's Office Review | (Date) _____ |
| <input type="checkbox"/> Environmental Health Department Approval | (Date) _____ |
| <input type="checkbox"/> Nashua Fire Department Approval | (Date) _____ |
| <input type="checkbox"/> Traffic Engineer Approval or comments | (Date) _____ |
| <input type="checkbox"/> City Street Department | (Date) _____ |
| <input type="checkbox"/> City of Nashua Conservation Commission | (Date) _____ |
| <input type="checkbox"/> Zoning Board of Adjustment | (Date) _____ |
| <input type="checkbox"/> Bond for Streets & Other Public Improvements | (Date) _____ |
| <input type="checkbox"/> Dredge & Fill Permits | (Date) _____ |
| <input type="checkbox"/> Public Service of New Hampshire Approval | (Date) _____ |
| <input type="checkbox"/> Other Necessary Approvals | (Date) _____ |

I / We, also hereby authorize the Nashua City Planning Board, its staff and/or agents to enter on and inspect the property proposed for action by this application.

----- PLEASE PRINT OR TYPE BELOW THIS LINE **EXCEPT FOR SIGNATURES** REQUIRED -----

(Please print)

(Please print)

Owner/Applicant(s) _____
Signature(s) _____

(If not owner, Agent's Name in Printing)

Mail Address _____

Zip _____

Phone No. _____ Date _____

Contact Person who will be coordinating your application:

Contact s' Phone No. _____

Optionee(s)* _____
Signature(s) _____

(If not owner, Agent's Name in Printing)

Mail Address _____

Zip _____

Phone No. _____ Date _____

Contacts' Fax No. _____

* Agents and/or option holders must supply written authorization to submit on behalf of owner(s).

STAFF PROCESSING OF THIS APPLICATION AND INCLUSION OF THE PLAN ON THE PLANNING BOARD'S AGENDA DOES NOT INFER ALL PLAN REQUIREMENTS HAVE BEEN SATISFIED OR THAT THE APPLICATION WILL BE ACCEPTED BY THE NASHUA CITY PLANNING BOARD.

For Office Use Only:

Date Received _____ Fee Paid _____ Check No. _____
Plans Submitted _____ Application Received By _____